

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والقمر الأحمر

RUSSIAN FEDERATION: SPECIAL FOCUS ON PARTICIPATORY ACTION RESEARCH WITH OLDER PEOPLE IN KARELIA

3 August 2005

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In Brief

Appeal No. 05AA073

Programme Update no.2

Appeal target: Revised from CHF 4,156,903 (USD 682,437 or EUR 550,590) to CHF 4,299,391 (USD 3,302,250 or EUR 2,751,965)

Appeal coverage: 17 % *(Please click here to go directly to the contributions list on the web)*

Related Emergency or Annual Appeals:

Russian Federation 2005 Appeal. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA073.pdf

Summary:



Older people without functioning family support networks and on minimum pensions¹ exist on a diet that does not include meat, fish or fresh vegetables. A large percentage of their pension is spent on utility bills and the remainder is strictly economized to ensure a minimum food intake until the end of the month. Much effort is spent tracking down the cheapest food. Where possible, older people supplement their income through cultivating land plots, although this option is more difficult for the older old or those in ill health.

The experience of material poverty is exacerbated by the exclusory effect of negative attitudes towards older people. Older people feel excluded from access to quality health care, from access to the labor market on an equal footing with younger people, from opportunities to relax and socialize in public places, from being treated with dignity with a regard for age and experience, from being taken seriously by politicians and being allowed to participate in and influence policy debates.

¹ Minimum pension in Karelia is 800 rubles. Most pensioners have an additional 700 rubles to compensate for costs related to living in the extreme north.

Older people described relations with welfare institutions, particularly health care services, as being the greatest cause of stress in their lives. These difficult relations have two main effects on older people. Firstly, experiences of humiliation deter older people from seeking to access health care meaning either that ailments are ignored or that small pensions are used to cover costs of medicine and consultation. Secondly, the experience of material poverty is exacerbated by humiliation and loss of dignity – something that participants referred to as being more painful than material need. This is particularly difficult for older people as they rely on frequent interaction with health care providers.

Therefore, an underlying conclusion of the research is that while older people show courage and resourcefulness when managing on small budgets, they suffer most from poor access to services and from the relationship between older people and welfare structures.

This report concludes with recommendations regarding ways that the capacity of older people to influence services could be increased and ways that services could be made to become more responsive to the needs of older people.

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Introduction

Working with vulnerable older people is one of the oldest and most widely recognised and accepted functions of the Russian Red Cross. Support to older people in a variety of forms including home care, social clubs, health care and medical centres, is provided by Russian Red Cross branches across the Russian Federation. The participatory research project was initiated as part of a process to ensure that Russian Red Cross services to older people are responsive to needs, supportive of rights, complementary to state services and guided by older people themselves.

The Participatory Action Research (PAR) process is designed to promote dialogue and alliances between the state, the Red Cross, third sector organisations and older people. In 2004-2005, PAR is being run in Tomsk, Karelia, Belgorod, Samara, Ingushetia and Chukotka. After each PAR, a report is produced as a guide for action and advocacy for the local Red Cross and its partners. On completion of this cycle of PAR, a summary report will be produced covering the main findings, case studies and recommendations from the six regions to act as a Federal level strategy document for the Russian Red Cross in support of older people.

Each report aims to:

- Reflect the experiences, concerns and ideas of older people in order that these views may be taken into account by policy makers and service providers.
- Promote dialogue between Russian Red Cross, Third Sector actors and the State regarding respective roles, responsibilities and commitments to older people.
- Assist the Russian Red Cross and other Third Sector actors in identifying niches for practical action and advocacy in support of older people and in partnership with older people.

The PAR in Karelia was the product of collaboration between the Russian Red Cross, the International Federation of Red Cross and Red Crescent Societies, the British Red Cross, the Veterans Association, the Social Welfare Department of the Petrozavodsk Administration, the Health Department of the Petrozavodsk Administration and volunteers from among older people on minimum pensions.

Methodology

The research team consisted of two representatives of the Russia Red Cross in Karelia, three representatives (trainers) from Russian Red Cross headquarters, one representative from the International Federation of Red Cross and Red Crescent Societies, two representatives from Social Welfare, two representatives from the Ministry of Health, two representatives from the Veterans Association, and two older people who do not belong to any organization but volunteered to take part in the research.

The PAR in Karelia took place between 26th March and 6th April 2005 in the capital of the republic, Petrozavodsk, and in a neighbouring town, Chyia. The first week of the research included sensitization training regarding work with older people, training in participatory research methodology, trial focus groups with older people and household interviews with older people.



During the second week of the research, many older people participated in the focus groups and interviews

The second week involved five focus groups and two household interviews per morning followed by afternoon discussion and analysis sessions. During the week, over 215 older people participated in the focus groups and interviews. Participants were selected by the Karelia Veterans' Association according to the criteria of "receiving pensions below 2300 rubles (\$75) per month". Discussions with older people centered around the following questions:

- 1) What are the central vulnerabilities experienced by older people in the areas of vulnerabilities expressed and understood by older people and what steps can be taken to overcome them?
- 2) What are the central capacities possessed by older people – what connections to social, economic, governmental, assistance or other community networks do they have and how could these be built on and expanded?
- 3) How can the understanding generated by this research be translated into policy (legislation), advocacy and service delivery options?

The following report is a summary of the experiences, concerns and ideas of older people expressed during the focus groups and interviews. The recommendations come from the research team based on the feedback from older people.

The issues presented in this document are the ones ranked highest in importance and concern by the older people that were worked with.

Context



The republic of Karelia is located in the north west of Russia on the eastern border of Finland. The population is 830,000, 270,000 of whom live in the capital, Petrozavodsk. The remainder live throughout the Republic, mostly in small towns and settlements, made remote by the forests and lakes for which Karelia is famous. The main industries of Karelia are related to the timber industry and have suffered from broken Soviet supply links. 32.5 % of the population of Karelia are over 50 and therefore classified as pensioners. 34.4% of the population of Petrozavodsk are over 50, although many do continue to work.

Until the end of 2004, older people in Karelia, as was the case for pensioners across Russia, received certain state benefits in the form of free use of public transport and subsidized utility bills. This changed in 2005 when the policy of monetization of benefits was introduced. The monetization reforms were designed to give older people more choice through distributing cash as a compensation for the loss of subsidies. In January 2005, older people across Russia took to the streets in protests, claiming that the cash compensation offered through the monetization programme would not in fact cover the additional costs incurred by the need to pay for transport and utility charges.

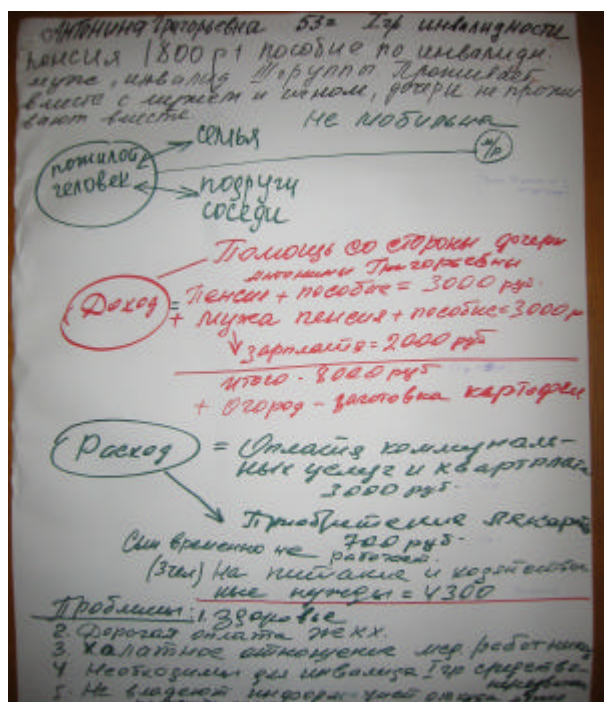
Main Issues Identified by Older People

Food

A pension of 1500 rubles (\$50) per month does not go far, especially when one considers that around 40% of it will be spent immediately on utility bills and the remainder of the pension is mostly used to buy food. It needs to last the whole month if older people are to avoid taking credit from shops or severely reducing food intake during the month's final days. Careful planning is needed in order to find the best deals and the cheapest food, therefore, shopping around takes time. With a free bus pass it was worth traveling further if it meant paying a few rubles less for the same goods. Nevertheless, the monetization of benefits changed the logic of this tactic. There is no margin for waste. Buying and preparing food is neither a social activity, nor does it include any pleasure, treats or trying new things. It is about strict budgeting and survival. Participants claimed that they could only afford to spend around 30 rubles (\$1) per day on food. For most participants this means going without meat, fish or fresh fruits, or at best being able to afford them once or twice a year for special occasions. "When I did buy some fish it was the sort cats would spit out" said one participant. Older people manage on a diet of bread, porridge and soup. They queue in markets for the cheapest foods and avoid more modern, expensive stores. The slightest rise in prices is a source of anguish. Even under such circumstances, participants talked of reducing their own food intake so as to leave more for children and grandchildren.

Coping and the Household Economy

When older people were asked to outline their expenditures for the month most referred to utility bills as their largest outgoing cost. Participants claimed that between 30 – 50% of their pensions went straight back to the state in the form of utility bills. Next was food taking between 20 – 30% of the pension. Medicines, transport and hygiene goods take around 20%, 10% and 5% respectively.



Given the tightness of older people's budgets, the issue of the monetization of benefits has been highly sensitive throughout 2005. In the villages, participants generally referred to monetization as something positive as few older people were making practical use of their benefits anyway. The extra cash income therefore has been welcomed, even if it has been accompanied by a rise in utility prices. However, in Petrozavodsk, older people have experienced monetization with far more negative consequences. "I received 250 rubles from monetization" said one participant, "at the same time my utility bills rose by 190 rubles leaving me with just 60 rubles. From this 60 rubles, I now have to pay for public transport and food prices have gone up. So there you are – I lost out". Such a comment was typical. Participants noted that since monetization the cost of living has increased by more than they have been compensated. Therefore, the tight budgeting of older people, with so little margin for error, has now been stretched further.

Older people seek to cope through a combination of resourcefulness, hard work, mutual support and a reduction of intake. Time consuming effort and patience is required to find the cheapest prices for food and medicine. Many older people supplement their income through growing vegetables on private land plots. Monetization has made this more difficult for those living in the city due to the cost of travel. For older people living in villages,

self sufficiency has always been a way of life and land plots are closer or part of home. The greatest concern of participants from villages was the ever increasing price of wood. In the villages and the city, older people referred to support from loved ones and neighbours as the best coping mechanism – for care, sharing, loans, moral support and mutual aid. Both admitted to using reductive coping strategies in terms of food intake but also in terms of house hold appliances. “There is no hope of ever buying anything new” said one participant, “so we use old fridges, old cookers, old everything – and of course they break and work badly and we struggle to somehow fix them ourselves. But new things, that is out of the question.”

Older people struggled to talk of their own agency to change things for the better. Many of the participants spoke with pride of the rallies and meetings with which they faced down the government on monetization. Most claimed to vote in local and national elections – but all spoke of a lack of faith in the interest of government officials at any level in the plight of older people. “For ten years, I have voted every time I’ve had a chance. But it’s coming to a point when you just think – what’s the point when the same faces and hypocrisy cling onto power what ever happens”? There was no talk of intentionally undermining the system that has treated them badly. Only one participant admitted to earning extra money through illegal activity – and even then it was referred to as an act of desperation rather than rebellion.

The most frequently expressed suggestions to help older people get out of their vulnerable situation were for an increase in pension size and increased opportunities for older people to work. In Karelia, retirement age is 50 and of course many of these young pensioners are able and keen to work further. In the villages, young pensioners remain active on the land, cultivating vegetables and maintaining property in good order. Options for income generation are fewer for those living in towns. “You can never get work at our age” said one participant, “if they find out you’re over 50 then the only option is to be a cleaner and get paid around 300 – 500 rubles per month (\$10 - \$15). It costs that much just to get to the work place.”

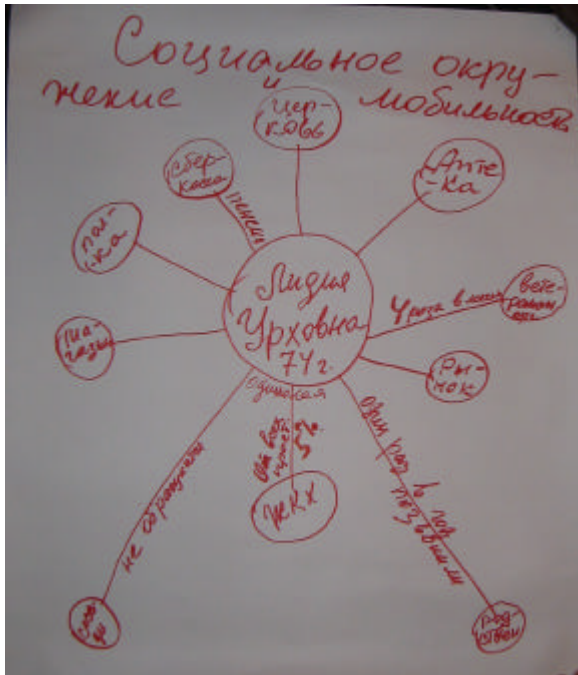
The Wider Experience of Poverty – Social Exclusion

The lack of income available to older people without functioning family support networks is the decisive factor that contributes to deprivation in food, health, sanitation and accommodation. In rural areas, there are greater signs of a structural vulnerability in terms of access to transport, services and sanitation that affect the wider population regardless of age or income. Yet even here income does determine access to the most immediate needs of food, water and secure and safe accommodation. Participants referred to these immediate needs and deprivations in all focus groups, but placed even more emphasis on non-material experiences of poverty: particularly on violations of dignity, on low esteem, and on a sense of powerlessness and of being an unwanted burden.

Older people referred with nostalgia to life in the nineteen seventies and early eighties not because it was a time of plenty, (although almost all participants claimed that quality of life was higher in those years), but because there appeared to be more relative equality. Now, after a lifetime of labor, older people have found themselves experiencing a harsh relative poverty compared to younger businessmen, government officials and other successful earners. The material poverty of older people is therefore starker by contrast as they are not able to access and enjoy the emerging number of leisure and material opportunities available to people on larger incomes. This contrast becomes even more painful as older people find their lack of purchasing power negatively influences their social relations with shops, service providers and government officials. “It is feeling other people’s contempt that hurts most of all” claimed one participant. The objective fact of a low income results in a multitude of subjective experiences of poverty.

Participants referred to a number of non-material deprivations, or forms of social exclusion, that damaged the quality of their lives. These included exclusion from access to free, quality health care, from access to the labor market on an equal footing with younger people, from opportunities to relax and socialize in public places, from being treated with dignity with a regard for age and experience, from being taken seriously by politicians and being allowed to participate in and influence policy debates. These exclusions are experienced at times deliberately, such as ageist employment policies, at times bureaucratically, such as negotiating appointments to see a doctor, at times financially, such as being able to afford leisure and social activities, and at times socially, such as being spoken to rudely in shops, or on transport or when trying to access decision makers. All lead to low esteem and contribute to withdrawal and isolation.

In rural areas, community bonds tend to be stronger and participants did not place such an emphasis on social isolation (although geographical isolation was an issue). However, in Petrozavodsk, social isolation was a recurrent theme in focus groups. In previous years, the social life of older people was heavily influenced by association with former enterprises and work places. Former employees, who often had worked in the same place for thirty or forty years, continued to be remembered on their birthdays and invited to celebrate holidays and join in a variety of social activities. Now, the enterprises have mostly closed and the links are broken. "I used to love even just getting the New Year's card" said one participant, "even that would mean a lot." "I worked all my life for the local school and now it's forgotten me" said another participant, "It's not money I want but maybe a card, some chocolates, maybe even a get together."



Those older people with children, especially close by, rely on them for social support. But participants were mostly adamant that children should not help financially. "I don't want my children to have to help me. Their own situation is hard enough. It's more important that they help themselves." Older people referred to the pain of not being able to treat their grandchildren to sweets and presents. "My grandchildren come around and run straight to the fridge to see if they can find something tasty" told one participant, "but instead they find it empty."

Participants expressed a variety of outlooks on life in general. One expressed bitterly that "we have been pushed to our knees." Others emphasized the need to stay positive and claimed that walks, a positive attitude and good relations with neighbours were the key to a sense of well being. "Despite everything" claimed one participant, "we are still glad to be alive and to see the sun rise each morning."

Environmental Exclusion

Older people in Petrozavodsk and older people in Chyia shared concerns regarding the environment in which they lived in terms of housing, sanitation and safety. In Petrozavodsk, participants were worried that their apartment blocks had long fallen into disrepair. "Our buildings were put up quickly to last a maximum of twenty years while long term accommodation was built," told one participant, "forty years later we are still living in them and of course they are so run down." In villages, older people tend to live in wooden houses or smaller apartment blocks. "The rats run around like horses," claimed one participant. "The problem is that no one ever collects rubbish so the rats have a field day. They scramble across our heads at night."

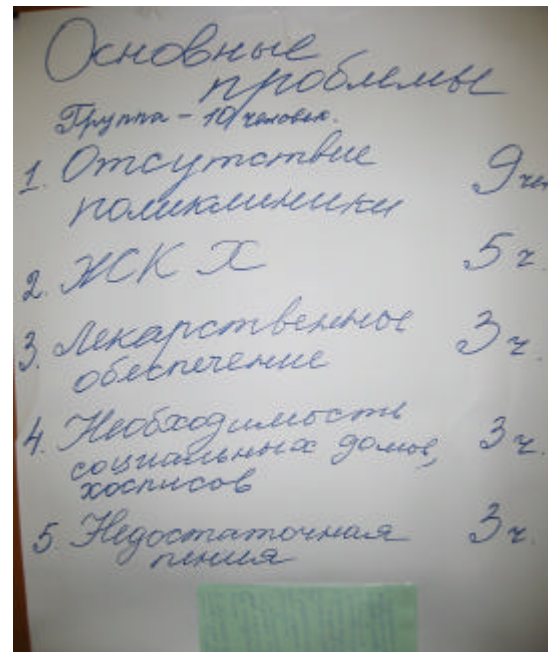
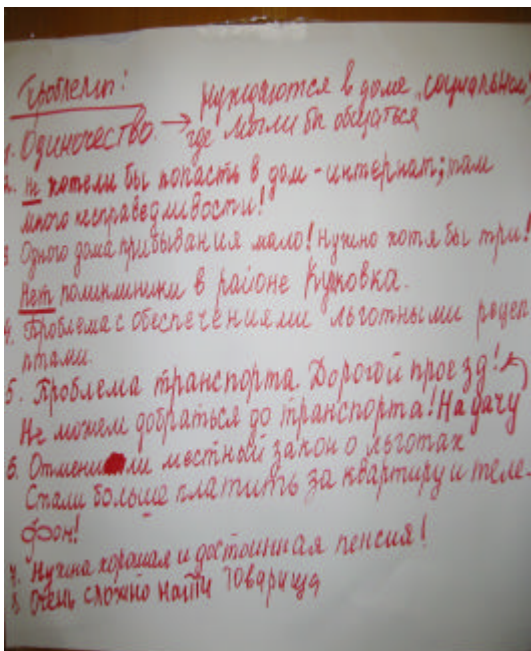
In the villages, many of the houses are not connected to water so residents collect water from nearby wells. In Petrozavodsk, participants complained about the quality of the water. "The water is undrinkable but for that dirt we drink they keep charging us more and more."

In all focus groups, older people expressed fear of crime. "There is massive alcoholism among youth" claimed one participant. Older people talked of aggressive gangs and abuse. Fear is even starker in smaller towns and rural areas. Here participants told of rampant theft to feed alcohol and drug habits. "Telephone lines have been stolen, pipes – anything that can be sold." Older people expressed little faith in the ability of law enforcement agencies to protect them. "The police will only investigate crimes that you pay them to investigate" claimed one participant, "if you've been robbed you have to pay the police to look into it."

"Our people have been deserted. They have changed and become angry. Homelessness has appeared all over the place." The theme of homelessness came up often in focus groups in Chyia. In the villages around Chyia, populations are small and in some cases only older people remain. Younger people have left to find work and build lives elsewhere. Homeless people have at times moved into these near deserted villages and this has created tensions with the local population.

Older people look to their local administrations to resolve problems but expressed frustration at the response. In Chyia one participant claimed: “Where will our local administration ever get money to help us? It has no money. It has to keep asking the few local businesses to cough up something to pay for the Victory Day celebrations.” Participants did speak with appreciation of the occasional support of third sector organizations and businesses. “One of our local enterprises is very kind. The director came to our veterans club and saw that we had no chairs. He gave us 25000 rubles to buy some chairs and now we have something to sit on when we get together.”

After health care, the issue that came up most frequently in focus groups was access to transport services. This for older people was an underlying factor that influenced the quality of their lives. Older people rely on public transport primarily for access to health care and in order to supplement income by working on land plots. Older people cannot afford the extra few rubles for the private mini buses and therefore have to depend on the cheaper, public buses. These come less frequently and at inconsistent times. Participants told of the endless waiting for the rare buses and of the frustration with timetables that even when adhered to reflect design at a central level without consideration of people’s needs. For older people living in Petrozavodsk, frustrations mainly orientated around the position of bus stops in relation to homes and hospitals. For older people in villages, the question of transport was even more urgent, as buses provide the only opportunity to access any services at all and if they do not run, or if the timetable does not allow people to leave their villages, see a doctor and return within a day, then older people become cut off completely.



Older people in Petrozavodsk referred frequently to the trouble in winter caused by ice on the paths and the roads. Pavements are often potholed and extremely difficult to navigate safely on a winter’s day even for the young. Clearing of the ice and snow is slow or does not happen at all. This deters older people from leaving home. This, like the remoteness of villages in Karelia, is a structural vulnerability experienced by the wider population, but one that is experienced more acutely by older people. Therefore, participants claimed that such environmental issues discriminate more harshly against older people and exclude them from being able to access essential services, purchase goods and socialize.

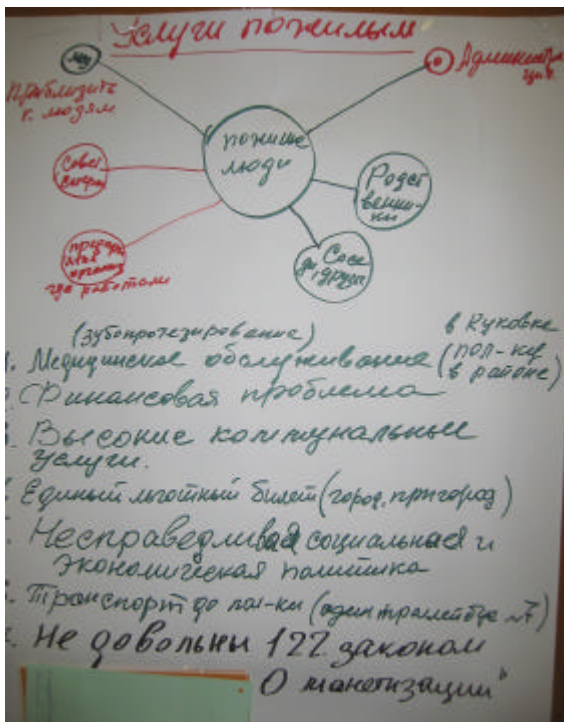
Participants also raised another form of discrimination regarding the cultural environment. Efforts are made on a national scale to acknowledge the sacrifices of older people who participated in the Great Patriotic War. Yet numbers of such older people are dwindling by the year and most of the older people who participated in this research were children during the war years. “Children of the war are an ignored category” claimed one participant, “I spent my childhood in rags – hungry and scavenging for food. More well off people would set dogs upon me seeing that I was a beggar.” This became a recurrent theme during the focus groups – that “unlike the suffering of soldiers and camp inmates, ours is a forgotten and ignored tragedy.” “The SS came to our village” recalled one participant, “we saw the gunfights and then the executions. The children were left to scavenge and go hungry. At times, we might get our hands on a piece of dry bread and we would suck it and treasure it like a sweet.” Participants felt that this childhood suffering had been ignored politically and culturally in favor of acknowledging the suffering and heroism of adults.

Access to Health Care

“I set my alarm for 5.00am in the morning. Although in reality I am so full of fear and tension that I never get any sleep. At five I get up and dressed and make my way to the bus stop to catch the first bus to the polyclinic. The path from the bus stop to the polyclinic entrance is deadly in the winter. It is an impassable slope of ice. Still I get there as early as I can to collect my number in the queue. And then the hours of waiting begin.” Throughout the research, participants spoke of accessing health care as being among the greatest traumas of their lives.

In fact, when asked to prioritize problems in terms of significance to older people, participants invariably placed access to health care, cost of health care and attitude of medical staff, in their top five concerns. In four out of five focus groups, access to health care and cost of medicines were prioritized over size of pension as the greatest problems for older people. It was, above all, problems related to older people accessing health care that participants wanted to discuss.

Problems begin with the trolleybuses and buses that travel too infrequently to the polyclinics and drop passengers off at bus stops too far from the polyclinic entrance. Once inside the hospital, older people often have to wait in lengthy queues as there is no prior appointment system just a first come first served policy. “Each doctor is supposed to give only 10 minutes but writing a prescription can take 20 – 25 minutes and the result is endless queues.”



Frequently participants mentioned experiences of humiliating treatment at the hands of medical staff. “I never went to our hospital before but I had to go once and they were so rude to me that I’ll never go again” told one participant. This was a recurrent theme – older people fear accessing health care because of the loss of dignity it often entails. “All the good doctors have gone private and you can never get to see the ones that are free.” Some participants did want to underline the kindness of a few individual doctors: “there is one really kind doctor but you can never get to see him.” Participants also claimed that hospitals are very reluctant, or often in fact refuse, to hospitalize older people.

Having endured long queues and perhaps humiliating treatment, older people then face the trauma of finding the free of charge medicines listed on their prescriptions. Older people have to collect prescriptions from hospitals. The prescription is only valid for ten days so if an older person cannot find a chemist willing to provide the free of charge medicine within ten days, then the whole process of visiting the polyclinic needs to begin again. “I went to the chemist to get some medicine for my husband” told one participant, “I had a prescription for free

medicine but the assistant said that we don’t have the free medicine but we have something similar that you have to pay for. So I had to pay and it’s always like that.” This issue came up in every focus group. Older people are rarely able to access the free medicines that their prescriptions entitle them to and are therefore forced to go without the medicine or to purchase an equivalent. This is one of the greatest sources of resentment and stress for older people.

Participants also referred to wider experiences of having to pay for free medical care. “I have to pay each time I give an analysis,” told one participant, “last week I gave some blood and it cost me 35 rubles. It was 25 and now it’s 35.” Experiences of this nature were not consistent throughout the groups. Some participants were able to claim that consultations and analyses were being provided free of charge while others referred to incidents when they were forced to pay. “What access to health care are we talking about?” asked one participant “How can we discuss access when we all know that we have to pay for everything.”

Some participants did accuse the government of deliberately making health care inaccessible to older people because of a desire to “get rid of us.” Yet mostly it was recognized that there is no policy of active exclusion but rather a multitude of social, bureaucratic and economic circumstances that are having an exclusionary effect. Discussions often focused on ideas to overcome this effect and promote inclusion.

Promoting Social Inclusion for Older People - Obstacles and Opportunities

Older people described relations with welfare institutions, particularly health care services, as being the greatest cause of stress in their lives. These difficult relations have two main effects on older people. Firstly, experiences of humiliation deter older people from seeking access to health care meaning either that ailments are ignored or that small pensions are used to cover costs of medicine and consultation. Secondly, the experience of material poverty is exacerbated by humiliation and loss of dignity – something that participants referred to as being more painful than material need. This is particularly difficult for older people as perhaps more than any other group they rely on frequent interaction with health care providers.

Therefore, an underlying conclusion of the research is that while older people show courage and resourcefulness when managing on small budgets, they suffer most from poor access to services and from the relationship between older people and welfare structures.

Difficulties in accessing health care and painful experiences when trying to raise these concerns with the local administration or other decision makers have resulted in a lack of faith among older people that political institutions are interested in being responsive to older people’s rights and needs. Older people are among the most politically active groups in Russia and yet participants expressed frustration at the lack of positive change caused by this activism. So, participants tended to speak with distain but resignation about the state of affairs and talked about ways of surviving rather than ways of forcing change.

In the past, older people in Karelia have demonstrated a capacity to mobilize and defend their rights – particularly with regard to the monetization reforms – but on the whole participants referred to lack of money, poor transport, dangerous pavements, aggressive gangs of youth and lack of meeting places as obstacles to more frequent collective action.

Yet when participants discussed the United Nations (UN) Principles of Aging², there was consensus that older people should have more opportunities to gather together to discuss collective concerns and strategies, that there should be opportunities for older people to participate in discussions with welfare structures regarding the quality of services provided to older people, and that older people should have a say in the design and implementation of policies that affect them.

When discussions turned to recommendations, much attention was paid to ways that the capacity of older people to influence services could be increased, and to ways that services could be made to become more responsive to the needs of older people.

Recommendations

Traditionally, the Russian Red Cross and other third sector organizations have responded to needs of older people through the provision of services in specific geographical areas. Given that much of the vulnerability expressed by older people during this research was rooted in a poor relationship with state service providers, the research team agreed that any services provided by the third sector must seek to reinforce the relationship between older people and state service providers and not seek to be a substitute for them or replace them. While it was agreed that temporary third sector interventions might achieve short term improvements in the quality of life of older people, there was a fear that if such interventions took place in isolation of the relationship between older people and state welfare service providers, then the root cause of older people’s vulnerability would be left untouched and the relationship itself may in fact be further weakened by a temporary reliance on an alternative third sector service provider.

Three underlying objectives were therefore identified to guide the work of the Red Cross in Karelia and its partners in the research team:

² Please see Annex 1 - “UN principles for older people” – for details

- To alleviate any immediate suffering of the most vulnerable older people either through direct interventions or through active referral to responsible care providers.
- To increase the influence of older people on service providers and policy makers through the provision of information and mobilization opportunities.
- To make service providers and policy makers more responsive to needs and rights of older people through sensitization work and accountability campaigns.

The recommendations focused on improving the quality of health care for older people by seeking to make services more accountable and responsive. However, it was assumed by the research team that increasing the influence and participation of older people in health service provision and facilitating links between older people and policy makers would in turn provide opportunities to engage in issues related to the environment and transport. Likewise, while the focus on health care was considered appropriate given its priority place among concerns expressed by older people, the mobilization required to address access to health care would also provide opportunities to tackle isolation and information exchange. Finally, it was recognized that while the research focused on older people, the social and environment exclusion issues that the focus groups and interviews revealed do not affect older people exclusively. Therefore, opportunities for cooperation with other people and groups should be explored.

Precise recommendations were broken down into three groupings:

- What Older People Can Do? (what capacities older people can contribute to the above objectives)
- What the Red Cross and Third Sector Partners Can Do? (what activities would contribute to the above objectives)
- What State Authorities Can Do? (what actions and commitments are needed from the state to achieve the above objectives)

<i>What Older People Can Do</i>	<i>What the Red Cross and Third Sector Partners Can Do</i>	<i>What State Authorities Can Do</i>
Attend meetings and focus groups and make clear grievances and propose solutions.	Facilitate links between older people and state authorities and services providers. For example, by inviting representatives to visit Red Cross centers and focus groups.	Be available to meet with older people. Hold round tables and focus groups with older people to discuss social policy issues.
Be active in third sector activities. Keep Red Cross and third sector organizations informed of changes – both positive and negative – in the experience of accessing welfare and social services.	Advocate on behalf of older people to state authorities and service providers. Gather opinions and experiences of older people and pass these on to government. Monitor changes in the quality of older people’s lives and keep government informed on positive and negative impacts of social policy.	Work closely with third sector organizations. Invite representatives of third sector organizations to sit on social policy working groups.
Work with third sector, state authorities and media in identifying problems and solutions related to negative attitudes to older people.	Run sensitization workshops for state workers and service providers. Monitor changes in older people’s experiences of accessing health care.	Train health care staff and social welfare staff on sensitization approaches to working with older people. Monitor changes in older people’s experience of accessing health care.
Participate in discussions with transport authorities. Propose timetables based on priority welfare needs.	Facilitate links between older people and transport authorities. Keep issue in the public eye through work with mass media.	Ensure that public transport timetables are designed in consultation with older people.
Take advantage of vocational training schemes. Keep media, state and third sector informed of restrictions to accessing the labor market.	Provide vocational training opportunities for older people.	Support legal and practical measures to improve access of older people to labor market.

Learn rights and entitlements and refer to them when negotiating with service providers.	Inform older people of rights and entitlements	Be transparent regarding rights and entitlements of older people and provide methods of recourse for when obligations are not fulfilled.
Remain up to date on the best preventative health practices. Share with friends and neighbors.	Organize basic and preventative health care services that release pressure on polyclinics. Invite doctors and nurses from local polyclinic to visit in order to establish links with older people.	Facilitate the work of the Red Cross and third sector organizations in the provision of basic health care and support referral services.
Support and initiate social activities.	Provide meeting places for older people. Fundraise in support of initiatives run by older people.	Support older people and third sector organizations with accommodation and free utility charges.
Volunteer to visit and care for housebound older people. Inform third sector and state authorities of the most vulnerable older people.	Facilitate voluntary homecare schemes. Provide professional homecare services as contractual partner to the state. Provide humanitarian assistance in the most urgent cases.	Support home care schemes for house bound older people. Ensure that welfare support is targeted at the most vulnerable.

Measuring Progress towards Improved Access to Quality Service

The research team recognized that a study of this nature carries with it a responsibility to act on the findings. Four key impact indicators were identified as a guide to monitoring changes in the lives of older people based on the recommendations of the research team:

- Older people experience respectful attitudes from medical staff when accessing health care
- Older people report reduced queuing time when accessing health care
- Health services adopt strategies to improve responsiveness to older people
- Older people participate in social policy debates with third sector and government

Russian Red Cross will monitor progress against these indicators through:

- 5 individual case studies of older people
- 3 focus groups each consisting of 10 older people run on quarterly basis
- Interviews with medical staff and policy makers on quarterly basis
- On-going feedback from older people and counterparts

Findings will be presented in an annual report and shared with service providers, policy makers and older people.

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Annex 1

UN Principles for Older People

1. The principle of independence recognises older people's wish to be independent for as long as possible and is closely linked to their access to the basic material rights of food, shelter, water, income, education, transport and physical security.
2. The principle of care asserts older people's rights to support, to having a say about the kind of care they want and require, and to consideration in how they are cared for. For the vast majority of older people, family support still provides the main source of care in old age and long term institutional care is available to only a very small proportion of older people
3. The principle of self-fulfillment recognises that older people have a continuing right to pursue opportunities for the development of their potential through education, skills training, employment opportunities and the chance to take part in community affairs.
4. The principle of dignity asserts that older people should not be belittled or treated with less respect. Abusive practices and behavior erode dignity. Harsh living conditions and lack of access to material and social resources are an assault on the dignity of older persons, as is their exclusion on the grounds of age, vulnerability and disability.
5. The principle of participation underpins the wider realisation of their rights. The needs and capabilities of older people should be considered in the planning and implementation of all local, national and international research, policy and programme initiatives that affect them. Their right to be consulted about decisions that will affect them directly should be recognised.

(HelpAge International The Mark of a Noble Society Human Rights and Older People 2000:11)